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Wilson Well Co Inc

7312548712

p. 2

State Well Report

Part I

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: C-17
 L. S. Elevation: _____
 E-log #: _____

County: Desoto
 Permit #: 07638
 Driller: Wilson Well
 Date drilling completed: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information		Well Location	
Owner Name: <u>Pleasant Hill Water Ass.</u>	Latitude: _____° _____' _____"	Longitude: _____° _____' _____"	
Mailing Address: <u>Desoto County</u> <u>J. E. Lauderdale Assoc. Eng.</u> <u>Hernando, MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>25</u> Twn <u>1S</u> Rng <u>7E</u>		
Telephone No. (____) _____	Distance _____ Miles	Direction _____	Nearest Town _____
Well Data			
Purpose of Well (circle one) Home Industrial <u>Public Supply</u> Irrigation Fish Culture Other: _____			
Date well drilling started: <u>3-16-88</u>		Date well drilling completed: _____	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>185'</u> feet above or below (circle one) land surface		Date measured: <u>5-88</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____			
Hole depth: <u>292'</u>		Well depth: <u>291'</u> Well grouted to a depth of <u>0-228'</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix			
Casing length: <u>228'</u> feet		Casing diameter: <u>12"</u> inches Type of casing: <u>steel inside coated</u>	
Screen length: <u>40'</u> feet		Screen diameter: <u>8"</u> inches Type of screen: <u>Mustang S/S w/w</u>	
Screen slot size: <u>.020</u> inches		Setting depth: From <u>251'</u> feet to <u>291'</u> feet	
Type of completion (circle all applicable): Gravel packed <u>Underreamed</u> Telescoped Open hole Natural Development			
Other (describe): _____			
Top of tap pipe or reduction in casing: <u>251'</u> <u>8" steel to surface</u> feet. If telescoped or more than one screen, describe on back of page			
Logs run (circle all applicable): No log run <u>Electric</u> Gamma Ray Density Sonic Neutron Other: _____			
Name of organization running log(s): <u>MS Bureau of Geology</u>			
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.			
<u>Wilson Well Co</u> Log modified by <u>Rachna Wilson</u>		<u>[Signature]</u>	
Print Name of Water Well Contractor and License No. <u>2-6-06</u>		Signature of Water Well Contractor	
accuracy unknown			

FORMATION LOG
OF THE WELL



C-17
75-0N-07638

254-8010
NEW CASTLE
RT. 2, WHITEVILLE, TENN. 38075

STARTED TEST HOLE 7-27-1981 FINISHED 7-29-1981 TEST HOLE NUMBER 1
LOCATION Water Plant Pleasant Hill Road SEC _____ TS _____ RANGE _____ ELEVATION _____

TOTAL DEPTH	THICKNESS EACH STRATUM	FORMATION	TOTAL DEPTH	THICKNESS EACH STRATUM	FORMATION
0-20'	20'	Red Clay			
20-31'	11'	Red Clay			
31-40'	9'	GRAVEL			
40-60'	20'	GRAVEL			
60-80'	20'	GRAVEL			
80-90'	10'	GRAVEL			
90-100'	10'	White Clay			
100-120'	20'	White Sand (Fine)			
120-140'	20'	White Sand (Fine)			
140-160'	20'	White Sand (Fine)			
160-180'	20'	White Sand (Coarse)			
180-200'	20'	White Clay & Sand			
200-220'	20'	White Clay			
220-240'	20'	White Sand (Fine)			
240-260'	20'	White Sand (Med. to Coarse)			
260-280'	20'	White Sand (Extra Coarse)			
280-300'	20'	White Sand (Med. to Coarse)			
300-316'	16'	White Clay & Blk. Clay			
316-320'	4'	Lignite			
320-340'	20'	White Clay & Sand			
340-360'	20'	White Sand (Fine to Med.)			

MUD PIT SIZE 15 FT. X 20 FT. X 8 FT. D.
TYPE BIT USED TO CUT SAND DRAG
SIZE OF TEST HOLE THROUGH SAND 9 3/8"
TYPE OF BIT USED TO CUT UPPER INFORMATION DRAG
SIZE 16"
TYPE MUD PUMP USED GARONNE DENVER
DRILLING PRESSURE IN SAND
TYPE OF MUD USED BARCO Quik-Gel
NOTES:

TEST DATA	
PRELIMINARY TEST	FINAL TEST
STATIC WATER LEVEL _____	135'
PUMPED G.P.M. _____	
PRESSURE POUNDS _____	
DRAWDOWN _____	
G.P.F.D. _____	
GUARANTEED G.P.M. _____	
GUARANTEED PRESSURE _____	
DATE OF TEST _____	8-5-81

REMARKS

DRILLER Orvil Watson
FIELD SUPT. Rodney D. Wilson

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County DeSoto
 Permit #: _____
 Driller: _____
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: C-17
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: _____	Latitude: _____ Longitude: _____
Mailing Address: _____ _____ _____	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ ¼ _____ ¼ Sec _____ T _____ R _____
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>20</u>
Date Pump Installed: _____	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

 Print Name of Pump Installer and License No. (if applicable)

 Signature of Pump Installer